## MULTIPLE DE. (DENT CLAIM FEE CALCULATION SHEET

SERIAL NO. FILING DATE

APPLICANT(S)

(FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** 2 MAMENDMENT 1"AMENDMENT IND. DEP. IND. DEP. IND. DEP. 

IND.   DEP.   IND.	AIMS							
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U.S. DEPARTMENT of COMMERCE	CLAIMS					- 2.0		

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